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CLERK OF DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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WHA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CV 08 3444

CASE NO. _____

NATHAN SEASTRUNK, ^{Plaintiff}
Petitioner

vs.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

D.K. SISTO,
Respondent

(PR)

I, Nathan Seastrunk, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ____ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: N/A

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 NONE

5 _____
 6 _____
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X

10 self employment

11 b. Income from stocks, bonds, Yes ___ No X

12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X

15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____
 23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

N/A

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No X

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No X Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses? N/A

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 N/A
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ____ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 N/A
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 7/13/08

17 DATE

18 *Peterson Gustafson*
19

20 SIGNATURE OF APPLICANT
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REPORT ID: TS3030 .701

REPORT DATE: 07/09/08
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA STATE PRISON SOLANO
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: APR. 01, 2008 THRU JUL. 09, 2008

ACCOUNT NUMBER : V81987
ACCOUNT NAME : SEASTRUNK, NATHAN MORRIS
PRIVILEGE GROUP: A
BED/CELL NUMBER: S106T2000000218U
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

DATE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
04/01/2008	BEGINNING BALANCE					36.96
04/01	D340 EFT DEPOSIT	JP615-3614		50.00		86.96
04/08	*W389 DONATION - YO	3719COSTCO			27.00	53.96
05/02	D340 EFT DEPOSIT	JP646-4005		100.00		159.96
05/20	FC01 DRAW-FAC 1	4250-MKUP			159.96	0.00
06/05	*DD30 CASH DEPOSIT	9555-4510		40.50		40.50
06/24	FC01 DRAW-FAC 1	4812-MKUP			40.50	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/10/07
COUNTY CODE: SOL
CASE NUMBER: FCR246381
FINE AMOUNT: \$ 200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
04/01/2008		BEGINNING BALANCE		200.00
06/05/08	DR30	REST DED-CASH DEPOSIT	45.00	155.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
36.96	190.50	227.46	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

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CV 08

3444

WHA

(PR)

(C.C.P. §§446; 2015.5;
28 U.S.C. §1746)I, Nathan Seastrunk, declare under the penalty of perjury that:

I am the Petitioner in the attached matter; I have read the foregoing document(s) and know the contents thereof; and the same is true of my own personal knowledge, or upon information and belief therein that they are true; that if called to testify as to the contents hereof I could do so competently as a sworn witness.

Executed this 13 day of July, 2008 at California State Prison / Solano, Vacaville, California.

(Signature)

Declarant

DECLARATION OF SERVICE BY MAIL

(C.C.P. §§1013(a); 2015.5; 28 U.S.C. §1746)

I, Nathan Seastrunk, declare: That I am a resident of California State Prison / Solano State of California; I am over the age of 18 years; I am/am not a party to the above entitled action; My address is P.O. Box 4000 6-218 Vacaville, CA 95696. I served the attached document(s) entitled:

Writ of Habeas Corpus, original and one copy

on the persons/parties specified below by placing a true and duplicated copy of said documents into a sealed envelope with appropriate First Class Postage affixed thereto and prepaid, and placing said envelope(s) into the United States Mail in a deposit box provided at the California State Prison / Solano, in Vacaville, California, addressed as follows:

United States District Court for the Northern
of California
450 Golden Gate Ave.
San Francisco, Ca. 94102

There is First Class mail delivery service by United States Mail at the places so addressed and/or regular communication by mail between the place of mailing and the addresses above. I declare under the penalty of perjury that the foregoing is true and correct and that I executed this service on this 13 day of July, 2008 at California State Prison / Solano, in Vacaville, California.

(Signature)

Declarant